

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Prince George's
 City or town Rural Church Hill
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Recently
 Hospital, institution, or street address where death occurred:
None
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Green Anne
 City or town Rural Church Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ada Virginia Bell

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Edgar D. Bell

7. Birth date of deceased (mo., day, yr.) Jan 6 - 47 5. (c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Greenwood, Ind.
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Edgar D. Bell13. Birthplace Greenwood, Ind.14. Maiden name Edgar D. Bell15. Birthplace Greenwood, Ind.16. Informant Edgar D. BellAddress Church Hill Ind.17. Burial Date thereof Jan. 6 - 47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Salem Cem.Location Ch. Church Hill Ind.18. Funeral director Edgar D. LaneAddress Church Hill Ind.19. Jan. 2 - 47 Edgar D. Lane

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1, 1947 at 9 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 - 46 to Jan 1 - 47and that I last saw him alive on Jan 1 - 47Immediate cause of death Myocardial InfarctionDue to Myocardial InfarctionDue to Myocardial InfarctionOther conditions Myocardial Infarction

(Include pregnancy within 8 months of death)

Major findings of operations Myocardial Infarction

Date of op. _____

Autopsy results Myocardial Infarction

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Myocardial Infarction Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury Myocardial Infarction Injured at work? Myocardial Infarction23. SIGNATURE Edgar D. LaneAddress Church Hill Ind. Date signed Jan 2 - 47

UNITED STATES DEPARTMENT OF STATE

OFFICE OF THE SECRETARY OF STATE

WASHINGTON, D. C. 20520

FOURTH FLOOR

RECEIVED

JAN 20 1947

BREATH R

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00840

131a

Reg. Dist. No. 2510

1. PLACE OF DEATH:

County... Queen Anne
City or town... Near Millington
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Several months
Hospital, institution, or street address where death occurred:
Melvin Nursing Home
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... West
City or town... Chesapeake
(If outside city or town limits, write RURAL and give nearest town)
Street No. 207 Wash. Ave
(If rural, give LOCATION)
2. (a) If veteran, name war.....

3. (a) FULL NAME

Lula E. Bell

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 21 1867 6. (c) If alive, give age..... years

8. AGE: Years 79 Months 5 Days 30 If less than one day
..... hrs. min.

9. Birthplace... Bucks Co. Penn.
(Town, county, and state)

10. Usual occupation... Homemaker

11. Industry or business... Home

12. Name... Melvin Bell

13. Birthplace... Bucks Co. Pa.

14. Maiden name... Ellen Archell

15. Birthplace... Bucks Co. Pa.

16. Informant... Mrs. Alice B. Bayler (Sister)

Address... 207 Wash. Ave. Chesapeake, Maryland

17. Burial Date thereof... 1/22/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Salina M. E.

Location... Upper Falls, Maryland

18. Funeral director... Marvin V. Williams

Address... Chesapeake, Maryland

19. 1-22-47 Edgar R. Rane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Jan. 20 19 47 at 24 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 6 19 47 to Jan. 20 19 47
and that I last saw her alive on Jan. 19 19 47

Immediate cause of death... Myocardial Infarction DURATION 1 day

Due to... Chronic Myocarditis

Due to... Chronic Intermittent Infarction

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE... Melvin Bell M. D. or other

Address... Millington, Md. Date signed... 1/20/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Marvin U. Williams
Chetubwa Ind.

RECEIVED

JAN 29 1947

BUREAU

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age is shown on
#109- 2/27/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

30g



Reg. Dist. No. 251

00841

1. PLACE OF DEATH:

County Queen AnneCity or town Pondtown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Queen AnneCity or town Pondtown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Marian Elizabeth Bratcher

3. (b) Social Security Number

4. Sex Female 5. Color of race Col. 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Charles Bratcher7. Birth date of deceased (mo., day, yr.) June 19016.(c) If alive, give age 67 years8. AGE: Years 45 Months 6 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Queen Anne Co. Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

FATHER 12. Name Jervis Cooper
13. Birthplace Q.A. Co. Md.MOTHER 14. Maiden name Mary Frances
15. Birthplace Q.A. Co. Md.16. Informant Charles Bratcher
Address Pondtown Md.17. Burial Date thereof Feb. 2, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Pondtown
Location Pondtown Md.18. Funeral director Edgar H. Lane
Address 1 Church Hill Rd.19. 1-31 47 Edgar H. Lane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 19 47 at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 19 46 to Dec. 19 46
and that I last saw him alive on December 19 46

Immediate cause of death

pulmonary edemaDue to myocardial insufficiencyDue to hypertension; hypertensive cardiovascular diseaseOther conditions syphilis; malnutrition; avitaminosis
(Include pregnancy within 3 months of death)Major findings of operations noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. R. Corns M.D.Address Chestertown, Md. M. D. or other _____
Date signed 1-31-47

UNITED STATES DEPARTMENT OF JUSTICE

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DEPARTMENT OF JUSTICE

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FEB 8 1947

BUREAU V B

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01036

Reg. Dist. No. 2130

1. PLACE OF DEATH:

County BaltimoreCity or town Chester
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? about 43

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Chester
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Catherine Brown

3. (b) Social Security Number

4. Sex Female 5. Color or race Col. 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Roderick Brown7. Birth date of deceased (mo., day, yr.) Sept 3, 1873 B.(c) If alive, give age _____ years8. AGE: Years 63 Months 3 Days _____ It less than one day _____ hrs. _____ min.9. Birthplace Charles City, Virginia
(Town, county, and state)10. Usual occupation housewife11. Industry or business own home12. Name unknown

13. Birthplace _____

14. Maiden name unknown

15. Birthplace _____

16. Informant Roderick B. BrownAddress Chester17. Buried Date thereof Jan. 5, 47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Chester CemeteryLocation Chester18. Funeral director Louis A. HenryAddress Cambridge, Md.19. Feb 15, 47 Elizabeth Hoyer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2, 1947 at 9:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1946 to Jan 2, 1947 and that I last saw him alive on Jan 1, 1947

Immediate cause of death _____

DURATION

Coronary occlusion Jan. 2, 1947Due to arteriosclerosisDue to sclerosis coronary arteries several years

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings and operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Theodor Sattelmeier M.D.Address Stevensville Date signed Jan 4, 47

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. PLACE OF DEATH

3. SEX

4. AGE

5. OCCUPATION

6. MARITAL STATUS

7. CAUSE OF DEATH

8. DATE OF DEATH

9. TIME OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

MEDICAL EXAMINATION

13. FINDINGS

14. COMMENTS

15. SIGNATURE OF PHYSICIAN

16. SIGNATURE OF REGISTRAR

17. SIGNATURE OF WITNESSES

18. SIGNATURE OF WITNESSES

19. SIGNATURE OF WITNESSES

20. SIGNATURE OF WITNESSES

21. SIGNATURE OF WITNESSES

22. SIGNATURE OF WITNESSES

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42. SIGNATURE OF WITNESSES

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46. SIGNATURE OF WITNESSES

47. SIGNATURE OF WITNESSES

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49. SIGNATURE OF WITNESSES

50. SIGNATURE OF WITNESSES

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BUREAU V A

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00842

Reg. Dist. No.

2540

1. PLACE OF DEATH:

County... Queen AnneCity or town... Lees Summit
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?... 8 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... Queen AnneCity or town... Lees Summit
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Laura T. Fussellbaugh

3. (b) Social Security Number

✓

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Wm H. Fussellbaugh7. Birth date of deceased (mo., day, yr.) Sept. 7 - 1858 6.(c) If alive, give age years8. AGE: Years 88 Months 4 Days 18 If less than one day hrs. min.9. Birthplace... Balto. Md
(Town, county, and state)10. Usual occupation... House wife

11. Industry or business

12. Name... Wm Henry Hickman13. Birthplace... Baltimore, Maryland14. Maiden name... Laura Jane Hooper15. Birthplace... Baltimore Maryland16. Informant... Mrs T. Edg. Bryson (Daughter)Address... Lees Summit Md17. Burial Date thereof Jan. 29, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... GreenmountLocation... Baltimore, Maryland18. Funeral director... Stewart & MeyerAddress... 118 W. North Ave. Baltimore Md19. Jan. 25 - 47 Elie Armatrong
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Jan 25 1947, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1 - 1946 to Jan 25 - 1947and that I last saw him alive on Jan 22 1947Immediate cause of death... Chronic Interstitial Nephritis

DURATION

Due to.....

Due to.....

Other conditions... Heart Complications

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... W. Henry Fisher M. D. or otherAddress... Cantelville Md Date signed 1-25-47

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FEB 4 1947

DEPARTMENT OF JUSTICE

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 251

1. PLACE OF DEATH:

County Queen Anne
 City or town Sudburyville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:
Sudburyville
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne
 City or town Sudburyville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Emma Harding Gillespie

3. (b) Social Security Number

-

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 19 47 at 1:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that it attended deceased from

7 am 19 38 to 1 am 19 47and that I last saw him alive on Jan 15 19 47Immediate cause of death Acute Coriatic Disturbance DURATIONDue to Chronic unperforatedDue to Malignant Vaginal CancerOther conditions ✓

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results no Date of op. _____

PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE @ M. Gillespie M. D. or otherAddress Sudburyville Md Date signed 1/15/47

6. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) April 28 1880
 8. AGE: Years 66 Months 3 Days 13 If less than one day _____ hrs. _____ min.
 9. Birthplace Centerville Queen Anne & Md
 (Town, county, and state)
 10. Usual occupation House keeper
 11. Industry or business home
 12. Name William J. Gillespie
 13. Birthplace New York City N. Y.
 14. Maiden name Esther Power
 15. Birthplace Lake Simcoe Canada
 16. Informant Mrs Anna G. Yarnall
 Address Sudburyville Maryland
 17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 1/17/47
 (month) (day) (year)
 Cemetery or crematory Sudburyville
 Location Sudburyville Maryland
 18. Funeral director Marvin V. Williams
 Address Chesapeake Maryland
 19. 1-16 19 47 Edgar L. Line
 (Date rec'd by registrar) Registrar

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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JAN 20 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01037 2510

1. PLACE OF DEATH

County St. Mary's
 City or town St. Mary's
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred at home
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County St. Mary's
 City or town St. Mary's
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 100
 (If rural, give LOCATION)
 2.(a) If veteran, name war 1

3. (a) FULL NAME

Elise A. Robinson

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Stephen A. Robinson

6. (c) If alive, give age Don't know years

7. Birth date of deceased (mo., day, yr.) Don't know

8. AGE: Years 80 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace St. Mary's Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

12. Name Elise A. Robinson

13. Birthplace St. Mary's Co. Md.

14. Maiden name Edith Knowlton

15. Birthplace St. Mary's Co. Md.

16. Informant Edgar D. Robinson

Address Church Hill Ind.

17. (Burial, cremation, or removal. When?) Burial Date thereof Jan. 26 - 47
 (month) (day) (year)

Cemetery or crematory Ridge Ave.

Location near Chestnut St. Ind.

18. Funeral director Edgar D. Robinson

Address Church Hill Ind.

19. Jan. 24 19 47 Edgar D. Robinson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27, 1947 at 11 P M

I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 25 to Jan. 27

and that I last saw him Jan. 27 at 11 P M

Immediate cause of death Myocardial Infarction

Due to High Blood Pressure

Due to Myocardial Infarction

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None

Accident, suicide, or homicide None Date of None

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

23. SIGNATURE Edgar D. Robinson

Address Church Hill Ind. Date signed Jan. 23

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1312

CERTIFICATE OF DEATH

Reg. Dist. No.

00844

251.0

1. PLACE OF DEATH:

County Queen Anne
 City or town Prince William
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 1 month
 Hospital, institution, or street address where death occurred:
Belmont Nursing Home, Millington
 How long in hospital or institution? 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne
 City or town Chester
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Marion TB Kinney

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Calvin Kinney
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 14-1869
 8. AGE: Years 77 Months 9 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Delaware
 (Town, county, and state)
 10. Usual occupation Dress Maker
 11. Industry or business _____
 12. Name William Bromley
 13. Birthplace New York
 14. Maiden name Elizabeth Smith
 15. Birthplace Delaware

16. Informant Wm Bromley Robinson
 Address Centerville Maryland
 17. Buried Date thereof Jan 26-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Chesterfield
 Location Centerville Maryland

18. Funeral director Barton Bros
 Address Centerville Maryland
 19. Jan. 25 19 47 Edgar L. Lane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 19 47 at 9 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 11- 19 47, to Jan 24 19 47
 and that I last saw him alive on Jan 23 19 47

Immediate cause of death Hemiplegia
 Due to Arterio-sclerosis
 Due to Chronic Intermittent Infarction
 Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Manner of Injury _____ Injured at work? _____

23. SIGNATURE Wm B. Robinson
 Address Millington Md Date signed 1/28/47
 M. D. or other _____

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JAN 29 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00845

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne'sCity or town Centerville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all her life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Centerville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Ella Mitchell

3.(b) Social Security Number

none

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

William Mitchell

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

March 7 - 1876

8. AGE:

70 Years10 Months23 Days

____ hrs. ____ min.

9. Birthplace

near Centerville Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

Alek Thompson

13. Birthplace

Don't know

14. Maiden name

Emma

15. Birthplace

Don't know

16. Informant

Hazel Mitchell

Address

Centerville Maryland

17. Burial

(Burial, cremation, or removal Which?)

Date thereof

July 2 - 47
(month) (day) (year)

Cemetery or crematory

Chestnut

Location

Centerville Maryland

18. Funeral director

Berta Ross

Address

Centerville Maryland

19. Date

Feb. 1 - 1947
(Date rec'd by registrar)Elie Armstrong
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 301947

at

8:30 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

June 15 1947 to June 30 1947and that I last saw him alive on June 15 1947

Immediate cause of death

Pneumonia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

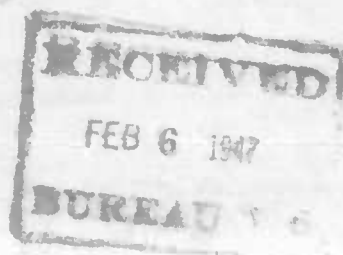
Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

W. H. Armstrong
M. D. or other _____
Address Centerville MD Date signed 2/1/47



2-35

ARTESIAN LEADER

RAC CONSENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00846

50

Reg. Dist. No.

2520

1. PLACE OF DEATH:

County... Queen Anne'sCity or town... Centerville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Queen Anne'sCity or town... Centerville
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Ellen Morris

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Arthur R. Morris

8. (c) If alive, give age

63 years

7. Birth date of

deceased (mo., day, yr.)

April 12-1883

8. AGE:

Years

63

Months

8

Days

25

If less than one day

hrs.

min.

9. Birthplace

Caroline Co. Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

George Connor

13. Birthplace

Caroline Co Maryland

MOTHER

14. Maiden name

Mary Jane Drenth

15. Birthplace

Caroline Co. Maryland

16. Informant

Arthur R. Morris

Address

Centerville Maryland

17.

(Burial, cremation, or removal, Which?)

Date thereof

Jan 9-1947
(month) (day) (year)

Cemetery or crematory

Hollywood

Location

Harrington Delaware

18. Funeral director

Barton Bros

Address

Centerville, Maryland

19.

Date rec'd by registrar

19 47Elie Armstrong

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 19 47 at 3:40 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 4 19 46 to Jan 6 19 47
and that I last saw him alive on Jan 2 19 47

Immediate cause of death

Pericarditis of the heart

DURATION

2 or 3 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

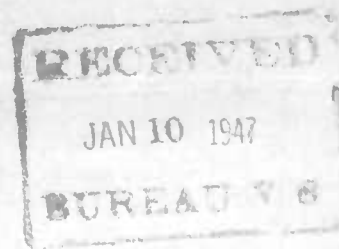
Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed



1-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Anne
 City or town Near Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 Years
 Hospital, institution, or street address where death occurred:
None
 How long in hospital or institution? None

3. (a) FULL NAME

Arcadia Lindale Noll

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced
Married

6. (b) Name of husband or wife Edward Noll
 5. (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) March 22, 1869
 8. AGE: 77 10 19 Days If less than one day
hrs. min.

9. Birthplace Delaware
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

12. Name Jonathan M. Abbott

13. Birthplace Delaware

14. Maiden name Taney Jane Buller

15. Birthplace Delaware

16. Informant Mrs. Esther Larsen (Daughter)

Address Chestertown R.D. Md.

17. Burial Date thereof 2-1-47
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Old Fellows

Location Camden, Del.

18. Funeral director H. A. Bury, Jr.

Address Fellows, Del.

19. Jan. 30 19 47 Edgar L. Lane
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne
 City or town Near Chestertown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. None
 (If rural, give LOCATION)
 2. (a) If veteran, name war No

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30, 1947 19 12, 30 P

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
Jan. 11, 1944 to Jan 30, 1947
 and that I last saw him or alive on Jan 30, 1947

Immediate cause of death Toxemia
 DURATION Several Days

Due to Carcinoma Uterus and Appendages

Due to 3 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations No operation
 Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work?

23. SIGNATURE David Jones

Address Chestertown Md Date signed Jan 30/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00848 254

1. PLACE OF DEATH:

County Queen Anne's
City or town Chester
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Queen Anne's
City or town Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Mary Catherine Thompson

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Eugene Thompson
6. (c) If alive, give age 76 years
7. Birth date of deceased (mo., day, yr.) Aug. 21, 1875

8. AGE: Years 71 Months 4 Days 19 If less than one day
hrs. min.

9. Birthplace Monie, Somerset Co., Md.
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

12. Name Wesley Lawrence

13. Birthplace Somerset Co. Md.

14. Maiden name Hester Bosman

15. Birthplace Somerset Co. Md.

16. Informant Mr. H. Hallie M. Clark

Address Chester Md.

17. Burial Date thereof Jan 11-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Stevensville

Location Stevensville Maryland

18. Funeral director Baith Bros

Address Centerville Maryland

19. Jan. 10 19 47 Thos M. Adridge
(Date rec'd by registrar) (month) (day) (year) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9th 19 47 at 9 a. 20 PM

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from January 9, 47 to January 9, 47

and that I last saw her alive on January 9, 1947

Immediate cause of death

Adeno - carcinoma of

Due to left breast with

Metastases in lungs + spine

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Amputation of left breast
+ Ray treatment Feb. 1942

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Theodor Sattelbauer M.D.

Address Stevensville Date signed 1/9/47

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 14 1947

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Queen Anne
Village or City Pond Town

Registration Dist. No. 251

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Julia E. Turner

(a) Residence: No. Pond Town, Md. (Millington, Md.)
(Usual place of abode)

If U. S. Veteran, specify WAR no

St. _____ Ward _____

If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Rev. W. O. Turner</u>		
6. DATE OF BIRTH (month, day, and year) <u>April 25, 1893</u>		
7. AGE Years <u>53</u> Months <u>3</u> Days _____	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>house wife</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____	
FATHER	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
MOTHER	12. BIRTHPLACE (city or town) <u>Saulsbury, Md</u> (State or country) <u>Wicomico Co.</u>	
	13. NAME <u>James E. Brown</u>	
FATHER	14. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)	
	15. MAIDEN NAME <u>Hester Wright</u>	
MOTHER	16. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)	
	17. INFORMANT <u>Rev. W. O. Turner</u> (Address) <u>Millington, Md. Box #74</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Michael's Cant</u> Date <u>Feb 2,</u> 19 <u>47</u>		
19. UNOERTAKER <u>Colvin Clark</u> (Address) <u>102 S. Queen St., Dover, Del.</u>		
20. FILED <u>Jan 28,</u> 19 <u>47</u> <u>Edgar S. Lane</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

February 28 1947
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

May 1, 1946 to February 28, 1947
I last saw him alive on February 18, 1947, death is said

to have occurred on the date stated above, at 11:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Heart Disease
Date of onset MD

Other Contributory Causes of Importance: _____

Name of operation: none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Charles H. Hall M. O. _____

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
